Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR DESICE	<b>RECEIVING 1</b>	THE GIFT	REQUEST	OR GRANT
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State Training School			<u> </u>
lame of Department or Office 3211 Edgington Ave.	é	Ildora, 1A, 50627	
Valiling Address  61-818-902			<del>一</del>
rea Code & Telephone No.			
NTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFI	CE:	70
Kristin Hagedon			
Vame		Widow SA 40007	<u>.</u>
3211 Edgington Ave. Validing Address (if different f	rom above)	Eldom, 1A, 50627 City, State, Zip (if different from above)	<del></del>
kingedo@dhs.state.iz.us			
mail Address		Area Code & Telephone Number (if different from at	oove)
ONOR OF GIFT, BEQUE	ST, OR GRANT:		
Alice Church of God W	omen's Ministries	<del>-</del>	
Vame			
Box 457	Conrad, IA 50621		
Maliling Address	City, State, Zip Code	\$ 100.00	0
		Date of Gift, Bequest, or Grant Amount/Va	lue*
Area Code & Telephone Nur	nber	"value is defined as "fair market value" of item as de	termined by
		receiving department or office. If no value mark "0.0	
Email Address (optional)			
Servido a description of the	gifi, bequest, or grant and purpose thereof:		
Cash donation to be	used towards student Christmas	cottage meals.	
Criteria to use this form:			
Receipt of any gift, bequest	or grant that is received by any departmen	nt of the state or received by the Governor on behalf of the sta	te.
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atement of Affirmation:			
Kristin Hagedon			
	_affirm that the gift, bequest, or grant repor air market value (if applicable) is correct an	ted above is accurate. I further affirm that the information con d true to the best of my knowledge.	iceming the
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FORM	-GB	Œ
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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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State Training School			~
Name of Department or Office 3211 Edgington Ave.	ė	Idors, IA, 50627	2)10
Mailing Address	City, State, Zip Code		DEO
641-858-5402 Area Code & Telephone No.			0
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFI	CE:	=
Kristin Hagedon			70
Name			PH/12: 03
3211 Edgington Ave.		Eldom, IA, 50627	نزا
Mailing Address (if different to khagedo@dha.state.ia.ua	rom above)	City, State, Zip (if different from above)	23
Emzil Address		Area Code & Telephone Number (if different from above	
ONOR OF GIFT, BEQUE	SI, OR GRANT:		
Alice Church of God W	omen's Ministries		
Name			
Box 457	Conrad, IA 50621		
Mailing Address	City, State, Zip Code	12/9/10 \$ 100.00	
		Date of Gift, Bequest, or Grant Amount/Value*	
Area Code & Telephone Nun	nber	"value is defined as "fair market value" of item as determ	مرا المساد
		receiving department or office. If no value mark "0.00".	med by
Email Address (cptional)			
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Kristin Hagedon	_ammi mat the girt, pequest, or grant report	ed above is accurate. I turner alium that the information concern I true to the best of my knowledge.	ung une
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